/7 cont./ 841
in the Marquesas several decades ago. Therefore, it is 842
doubtful whether this is an aboriginal concept. [797]

During pregnancy, woman's work continues as usual, with 843
relatively little relief until advanced stages have been reached.
In the Marquesas, /8/ many heavy household chores fall to [462]
the women, such as hauling firewood, sacks of breadfruits, lifting and weighing copra, etc. With tasks of this nature, it is not infrequent that spontaneous abortions (tama topa, hanaua) occur. Should these occur early in pregnancy, it is doubtful whether they would be recognized as such. During a five-month residence in the valley of Hatiheu, my wife was called upon to treat two young women who were continually manifesting symptoms of premature labor as a result of their stubborn refusal to restrict their economic activites. The main cause of their continued episodes (which finally resulted in the loss of one of the fetuses) was lifting of heavy burdens.

In producing spontaneous abortions, the taxing nature of [492]
the tasks which are viewed as "woman's work" is aided by the major mode of transportation in the Marquesas -- horseback riding. In one instance we were awakened at midnight to treat a girl who had begun to have labor pains and a bloody discharge, in her home valley some 5 miles distant, and had immediately mounted a horse and galloped to our door, without any thought that the gallop might be injurious.

Native remedies are available for stopping spontaneous [757]
abortions, but their efficacy is doubtful. It is interesting to note that the frequency of spontaneous abortions must have been marked in aboriginal times, as there was a proliferation [776]
of gods and goddesses who had charge over abortions.

/9/ Abortions (ha'a topa ite tama) are seldom induced, 847
as children are highly valued, a point which will be discussed [858]
at greater length below. No Marquesan female informants admitted to inducing abortions, and no specific cases were ever heard of from males. Abortifacients were commonly

/11 cont./ take care that the afterbirth is buried well out of reach of the pigs and dogs, beneath a pile of rocks. 844 [178]

/12/ The portion of the umbilical cord attached to the umbilicus is tied up with a medicinal compound (mea pa ku) consisting of the leaves of the papa (Phaseolus amoenus ?). After three days, the cord should dry and fall off. Another medicinal preparation for the drying of the umbilical stump is powdered grey tufa or powdered, stiff volcanic clays found in various areas of the islands. This powder is sprinkled on to absorb the moisture from the cord. After the cord falls off an astringent preparation is placed on the umbilicus, made of leaves of ka ka'ahue (Diellia brownii E. Brown). This preparation is believed to have a beneficial effect if applied to the entire body of the child. It should be noted at this point that Marquesan native medicine, as it exists today, makes use of a large number of astringents for a variety of purposes. 846 757 [824] [824]

After childbirth, it was formerly the custom for the husband and wife to proceed immediately to a stream and there indulge in intercourse. This was believed to be of therapeutic value in producing a good flow of blood and fluids, and in aiding the internal organs of the mother to return to normal condition. Elderly women who have practiced this are positively in favor of it, declaring that it is unfortunate that girls are not maintaining the custom at present. The custom, still widespread in the 1920's, apparently became rare by the 1930's. Some individuals may still observe it in the southern archipelago. Although this custom is practically, if not completely, extinct, there is still routinely very little time elapsed between the birth of the child and the resumption of normal sexual relations. /13/ A period of one to two weeks appears to be about average, especially if one desires to procreate again, as it is believed that conception is easiest within a month or so after birth. 846 757 178 [833] [842]

The woman must not attempt to rub her perineum (ti 'a) if it is painful as a result of birth. For the first few days after birth it is necessary to eat nothing but fermented breadfruit paste (ma), heated by dropping hot cooking stones (ke'a umu) into it. This is to be eaten three times a day. If the sclera of the eyes 846 [826] [757]

/13 cont./
(kiko mata) are not white, this is symptomatic of an unhealthy condition, for which a specific (pa'a'u -- unidentified species) is recommended. 846 757

It is especially important for the mother to avoid the use of salt, as in the prenatal period, as its use will result in the infant being afflicted with mouth sores and "cradle-cap" (mate kea). Should this occur, a remedy consisting of the leaves of the kenae tree (Erythrinia indica) is mixed in the fermented breadfruit paste before it is heated for the mother's consumption. [753] [824]

The flow of lochia (vai kua) is believed to stop after a week or so with the restoration of the internal organs (e ti 'a hou). Should the perineum not heal, however, it is symptomatic of the retention by the woman of portions of the afterbirth, etc., known as kau tama (literally: baby debris) which must be passed before recovery is possible. To induce the passing of this harmful material, the leaves of the unidentified pa'a'u plant are again utilized, to be crushed and taken internally. Leaves of the Phaseolus are used in the same fashion for chronic /14/ complaints after birth. [824]

After birth, the child is fed on a little gruel of thinned breadfruit paste, crushed cooked shrimp juice, or both. In the past, special stone pestles were prepared for the crushing of shrimp, for the infant's first meal. Stimulating the flow of colostrum (vai ha'ama) by nursing is thought to aid in the evacuation of all harmful substances which may reside in the mother's body after birth. Once the flow of milk (vai 'u) begins, the supplement of gruel is dispensed with. At present many parents use canned milk for the infant in place of gruel and even sugared water is used as a supplement. In such cases, the milk is prepared in any small bottle (usually a Perrier water bottle) and fitted with a store-bought nipple. 844 [412] 853 [178]

Once the child begins nursing he continues to be fed, on demand, until the age of 2 to 3 years. In one case, weaning did not occur until 4 years of age. Nursing by women other than the physiological mother is common. Aunts of the child (paternal, maternal or both) are often wet nurses. These

/14 cont./ These 853

individuals[1] stand in the same classificatory kin relation to the [602]
child as the physiological mother does. When the child can
walk, it merely climbs up on the mother's lap, rummages
about for the breast and nurses. There are no weaning rituals; 862
the breast is merely denied to the child. The situation of
insecurity (Eysenck, 1961, p. 406) resulting from weaning is
often remedied today with the use of store-bought pacifiers. [178]
These can be seen, clamped deep into the mouths of some
two- or three-year olds, suspended by a string about /15/ their
necks. Caked breasts ('u hehe) or swollen breasts ('u hatu) are [757]
treated with hot water and massage.

As early as one day after birth, it is quite common for the 597
infant to be placed with adoptive parents, who may or may
not be relatives of the physiological parents. The institution
of adoption (ha kai 'i te tama) is extremely important to
Marquesans. From the time that pregnancy has become ob-
vious the expectant mother is petitioned by various relatives,
hopeful of obtaining the infant when it is born. The pressure
to put the child up for adoption is particularly strong in the
case of young girls who have become pregnant without having [836]
formed any permanent attachment to a male. In such in-
stances, the child limits the freedom of the girl, to move as
she pleases with males of her choice.

Even in the case of married couples, however, adoption
is very common; adopted children being found in nearly every
family. Here, the inducements to adopt and give for adoption
are in the main economic. A family without wealth, in [556]
terms of land and other material possessions, will offer their
child to a family who is "wealthy" on the native scale of
rating, in the hope that the child will work hard thus endear-
ing himself to his foster parents, who will in return settle a
portion of their property on him. Adoption is also a mechan- [476]
ism for establishing lines of cooperation between families on
an economic level. Mutual adoptions are favored for rein-
forcing such joint economic endeavour. The dividends
accruing /16/ from extra children in a family are quite con-
siderable, for as the children grow up, they begin to assume
very definite roles in the daily work of the family, performing
numerous small, but vital functions.

1' [i.e., the child's aunts--Analyst]

/15 cont./ 164 842

A number of Marquesans, both male and female, are sterile. In collecting female reproductive life histories, my wife found that sterility in the female, at least, could be often traced to severe cases of venereal disease in adolescence or early adulthood. Similar causes apparently lie behind most of the sterility in males also. The high frequency of venereal disease in the past has taken its toll. It was not until after World War II actually that some realistic control was exercised on social diseases in French Polynesia. Because of the frequency of sterility there are many families consisting of a nuclear couple with only adopted children. 597

In the early 1900's adoption apparently took place at an early age. One of my workmen had never been nursed by his mother, being carried to his adoptive mother for this service at the age of one day. Other individuals recounted similar histories. During the past three decades, however, a trend toward later adoption has begun and many children now are 6 or 7 years old before they go to their foster homes. This may be a result of increased attention to the qualifications of the prospective adoptees. [178]

/17/

Infancy and Childhood

Marquesan infants are cared for largely by their parents and grandparents until they can walk, usually between 9 months and 1 year. At this time they become the responsibility of some of the older siblings. These are generally quite solicitous of their younger siblings, exerting great efforts to carry them when they are tired, and otherwise cater to them. Children carry infants on their backs, with the infant's legs under the arms of the carrier while its arms are used to hold on to its neck or shoulders. In other instances, infants are carried astride the hip. Both practices were observed to result in slight lordosis of the spine for the carrier in instances where infants required long periods of carrying. 854 [164]

Within weeks after birth, many female infants are begun on a cycle of medication which will prepare them for their 856 757

/17 cont./ 856 757

role in adolescent and adult sex life. The medications administered are astringents which are also believed to possess cleansing qualities. They are intended, according to informants, to shrink the mucus membrane lining of the vaginal canal and generally aid in increasing muscle tone of the coccygeo-gluteal muscles. Furthermore, they are believed to inhibit the production of lubricatory fluids (vai to'e) in the vaginal canal and to suppress vaginal malodorousness. Administered after birth, they also cleanse the vagina of the female infant of superfluous dried mucus and effluviae after birth. The results attributed to these medications -- decrease in size of vaginal canal, increased muscle tone and inhibition [832] of mucus production, and /18/ suppression of malodorousness -- are of major importance as qualifications for a sexual partner. These qualities are most frequently mentioned when males discuss the relative sexual merits of women. The Marquesans 186 believe that women from Tahiti and white women in general 757 are possessed of rather large genitalia and endowed with a 856 superfluity of vaginal secretions which Marquesans regard as 826 contributing to malodorousness. The use of the astringents enumerated below supposedly raises the Marquesan women far above the level of either Tahitians or Whites in terms of their physical attributes for the sex act.

The astringents used are several in number; the plant 757 sources of many occur only in isolated areas and hence are 856 limited in their distribution.

tuei'au (Antidesma sp. ?). The leaves are pounded and mixed with a small amount of water. This mixture is then strained through cloth and 1 or 2 drops placed daily in the vagina after the child has been bathed. This can be begun as soon as the child starts to crawl, but not before. This particular medication is very common in the valley of Hatiheu on the north coast of Nuku Hiva. The only known stand of the tueiau is in the valley of Ha'atuatua, near Natiheu on the crest of ridge forming the

/18 cont./

northeastern side of the valley. Despite its scarcity it is most popular of all the preparations. 757 856

/19/

ko ku'u (Staphylea sp. ?). The leaves of the plant are prepared and administered in the same manner as described above. Can be administered at three weeks of age.

ko'i'e The nut of a coconut (C. nucifera) fallen at a very young stage called koie is used for this medication. The nut is crushed on a stone and squeezed for juice, which is administered three times daily in one or two drops from the time the infant crawls until it reaches an age of a year.

moho ki'o (Achyrathes aspera?). A branch is grated against an abrasive stone and the scrapings squeezed in a cloth after mixing with a small amount of water. The juice can be administered one week after birth.

vai ma This medication consists of water poured from fermented breadfruit paste when it has been removed from storage, pounded with a stone pestle to remove lumps and moistened. The excess water, mixed with urine, can be used as a vaginal astringent.

ki'i kehika (Szygium jambos ?). The bark of the kehika tree (the well-known pomme rouge of Eastern Polynesia), is grated, mixed with water and squeezed through a cloth in the same fashion as the preceding medications.

ki'i 'ama The bark of the candlenut tree (Aleurites trilobita) can be used in the same fashion as the above medication.

/20/

pota ko The juice of the fruits of the mi'o tree (Thespesnia populnea) are crushed for their juice which is administered in the same fashion as noted above.

/20 cont./

pa'u An unidentified tree of this name, believed by informants to grow only in the western side of the central plateau of Nuku Hiva, provides bark which is used as an astringent in the same fashion as that of the kehika tree. 757 856

Some of these medications may be taken in a sequence as follows: moho ki'o, koku'u, ko'i'e, and tuei'au. Where it is impossible to obtain all of the medicinal source plants, such sequential dosage would not be possible, however, and one or two would be selected for use out of the possible alternatives. The medication, once begun, is continued up to the age of menstruation or a little before. If the girl was not treated in infancy, the treatment may be started at any time up to the age of ten years. Adults have been known to use the medication but in the two cases reported experienced rather dangerous side effects, such as extreme swelling of the mucus lining of the vagina, make such adult usage infrequent. The use of vaginal astringents is by no means a tottering survival. Most young couples use one or more of the astringents on their female children. Marquesans residing in Tahiti have requested that tu'ei'au, the most popular of the astringents, be prepared and sent to them. 757 832 [856]

In addition to the effects of the vaginal astringents, a mark of beauty or more appropriately physical acceptability in women is a flat symphysis pubis. To this end, the mons veneris is massaged during infancy and /21/ girlhood. Formerly this massage was accompanied by stretching of the labiae to elongate them. This was done by the mother during the daily bath. The child was seized by the ankles, its legs held apart while the mother manipulated the labiae with her lips. This practice is rare at present, however. 856 832 [178]

For male infants, no such early preparation occurs. The foreskin is pulled back and cleaned at bathing, however, as genital cleanliness is extremely important for the Marquesans. Therefore, care is taken that the foreskin will be flexible when the child grows older, so that cleanliness may be maintained. 855 515

Marquesan children have ample opportunity to observe much of adult sexual behavior. In the typical Marquesan house, 864 513

/32 cont./ 826

The sequence of vaginal astringents is terminated at 832
puberty, but a new type of medication is begun in some cases, 757
to alter the color of the mucus membranes and the labiae. It [856]
is believed to be shameful for the labiae or mucus lining of
the vulva to be excessively ruddy in color, hence a preparation
of chopped young coconut meat is applied over the vulva to [824]
alter the color of the parts in question. A supposed secondary
effect of this medication is to render the pubic hair (hu'u hu'u)
more pliable and soft, as coarse pubic hair is considered to be
somewhat unbecoming.

/33/ Girls at puberty continue to receive sexual instruc- 864
tions from their grandmothers or members of the grandmother's [602]
generation, but much is also learned from more sexually ad- [603]
vanced friends. At this age, Marquesan girls are often seen [883]
together, talking secretively for long periods of time. The [521]
talks almost invariably involve sexual matters. For this reason,
government school teachers state that it is wiser to release [875]
girls from school at this point, as their interests often attract [871]
and produce "adverse" effects on younger girls in the lower
grades of school.

At puberty, female homosexuality occurs. One context 864
in which some homosexual play takes place is during instruc- 838
tion of relatively sexually inexperienced girls by others who are
more experienced. In such instruction, both girls remove their
clothing and assume a position of copulation. The instructor
supposedly demonstrates the positions of intercourse and the
pelvic movements, acting first as the "girl" and then the "boy"
of the cpuple.

Although very much at ease with each other in states of 291
undress, girls at puberty become very self-conscious about ap- 883
pearing in mixed company in any type of attire that might be
termed daring. In intercourse they seldom remove all of their [833]
clothing, usually merely pulling up their skirt, even if there
is no probability of being surprised en flagrante. Swimming is [526]
indulged in fully dressed, if there is any possibility of being
observed, while bathing nude in secluded pools is quite com- [515]
mon and semi-nudity around the house is the rule.

/77/
in adolescence (which left her sterile); the other case, however, may equally as well have been hereditary. Most Marquesans above the twenties have contracted venereal diseases at least once in their lives, while a number of adolescents, mostly male, have contracted it also. It is not looked upon as a prestigeful experience; most Marquesans being rather reticent about their own record. This is completely understandable in view of the great emphasis which the culture places on genital hygiene.

In collecting female life histories, my wife found that sterility among older women was often associated with a history of severe venereal infections in youth. Up until the post-World War II period, there was no more than a token attempt made by the French government to control venereal diseases which were evidently extremely high. The advent of antibiotics has made treatment easy and relatively rapid. One must add that the use of the hypodermic and syringe is most impressive, constituting something of a positive attraction to draw infected patients to the infirmary, although the severe lectures given out by the medical personnel mitigate somewhat the attraction of the equipment used in treatment.

Native remedies for venereal diseases are in wide use, especially in areas that are remote from the administration doctor or trained nurses, stationed on various islands throughout the archipelago. The remedies are applied often by native medical practitioners, although many "non-professional" individuals know the mode of preparation.

/78/

haika mimihati	"medicine for broken urine"
ki'i'ama	skin of the candlenut (Alèurites triloba F)
ki'i kehika	skin of the pomme rouge (Anona squamosa)
'aka hau	roots of hibiscuss (H. tiliaceus)
'aka outi	root of Cordyline terminalis
noni vehine	fruits of morinda citrofolia L.
noni vahana	(round and square stemmed respectively)

/78 cont./ 757

These ingredients are brought together, pounded into a paste and mixed with the water (vai'ehi) of a black coconut ('ehi kei kei). The concoction is then drunk several times daily for three days.

haika hao'ehi	"medicine for the white man's discharge"
te tupu o te puhipuhi	iron rust (usually scraped from nails that have been long exposed to sea water) 757 823
vai hitoro	juice of the lime

The iron rust is broken into small pieces and placed in the bottom of a bottle to a depth of about an inch. The remaining space in the bottle is then filled with lime juice. After allowing the mixture to stand two days with repeated shaking of the bottle, the liquid is applied to the open lesions, three times a day. Discharge supposedly stops in three days. In ten days the symptons will supposedly disappear. The Marquesans place great faith in this remedy. An individual that I knew very well /79/ reported that he had used it to recover from a very advanced case of hao'ehi, without any visible effects.

Other remedies, widely acclaimed throughout the islands were introduced by missionaries in the late nineteenth century. They were evidently patent medicines, once commercially available in France, but no longer found in Polynesia, as far as I could determine. These were: ehitoni (a reddish liquid) and mitihu'u (a pill). Their value may have been psychological mainly, as were some other mission medicines (holy water from Lourdes mixed with soil from the mission yard was regularly administered for tuberculosis and is still regarded by the natives as a first-rate curative!) 757 797 177

Another remedy collected in 1958 is for general venereal diseases, but the ingredients have not been identified and will not be included here. 757

The presence of venereal disease in the Marquesas may be traced to the early period of European contact. Mendana's 164 175

/90 cont./

These data, when taken with the modern evidence for nursing, late weaning and the complex of ethnomedical remedies surrounding nursing, indicate that modern Marquesan nursing is an aboriginal survival, rather than a recent European introduction, as one would have to conclude from Linton's statements.

The extensive rites surrounding the birth of the first male heir in the past are no longer seen, nor is adoption surrounded by the ceremonialism which distinguished it in the past.

Infancy and Childhood

There are no references, either in the historical documents or in ethnographic reports, to the use of the vaginal astringents so common /91/ on Nuku Hiva at present. There are, however, several references in an unpublished Ms on the native flora by Fr. Simeon Delmas, in the library of the Taiohae mission, that indicate a considerable complex of general astringents, including some of those mentioned above in the ethnomedical repertoire of the Marquesans. Several of the astringents could be used percutaneously; the use of others is not identified, but no mention is made in the missionary's notes of any internal use. Nevertheless, the degree of elaboration of this trait complex and the fact that all of the astringents are native plants (many of which are becoming extinct), coupled with the commonness of the practice and the secrecy that surrounds it, lead to the conclusion that it is in truth aboriginal. It is, of course, inextricably connected with the Marquesan emphasis on vaginal qualities as being the prime criteria for judging the sexual value of a woman.

This focus of attention on the genitalia as being of prime importance in a woman's sexual role runs counter to Linton's statements concerning the emphasis on breast development which he believed he saw manifested by the Marquesans (1938, p. 195). It is granted that in assessing general over-all female beauty, importance is attached to a

/93 cont./

observances (Handy, ibid) reported in the ethnographic sources are no longer observed, not even in part. Elder informants, speaking of the past, stated that boys were often assigned to women who would supervise the healing of the incision and indulge in a ritual intercourse upon the removal of the scabs. There is no ethnographic or historic data to substantiate or contradict these statements; however, due to the fact that they were obtained from a usually reliable informant, I deem them to be acceptable, at least tentatively.

Likewise, no comparative data exists for the practice of preserving the bamboo slivers used for stretching the foreskin in the circumcision operation as a charm against impotence, although Handy reports that the slivers were preserved without stating a reason for the preservation. It was only possible to obtain information on this practice in one valley; therefore, the behavior may actually be a local development. It is doubtful if very profound regional differences in such matters can exist in an island population of about 980 people in which a reasonable amount of traffic between valleys takes place.

There is little evidence concerning the age at which male children began to have heterosexual experiences in the aboriginal period. Linton (p. 168) states that both sexes began heterosexual intercourse before /94/ puberty. As will be noted later, this was apparently true for the females, but it may not have been so for males. The stigma attached to lack of circumcision is strong today, and as Handy indicates (p. 95), it was quite strong in the past if not stronger. It is therefore doubtful if boys would be able to enter into heterosexual intercourse before circumcision. It appears, then, that circumcision may have been the gateway to heterosexual relations in the past as it is now, and the disparate ages at which the sexes begin such activity may not be a result of culture contact, but a reflection of the situation.

The vaginal cosmetics used by adolescent girls again bear witness to the heavy emphasis placed on genital qualities in evaluating the sexual potential of a woman. The use of cosmetics can be considered as part of the complex of practices beginning in early infancy, designed to

/94 cont./

ultimately produce a sexually pleasing adolescent girl. The use of cosmetics also appears to be a surviving remnant of an aboriginal girl's ceremony of which relatively little is known today. This lacuna in Marquesan ethnography is largely due to missionary efforts which were concentrated on stamping out all of the more outstanding and orgiastic ceremonies in the Marquesan native culture. Some information was obtained on ceremonies which were related in some way to puberty from informants on Nuku Hiva, in Hatiheu and Taipivai, two valleys which were formerly united in the historic period, at least, as a single tribe -- the Taipi.

/95/ According to informants, adolescent girls were kept at home and subjected to special treatment with the vaginal cosmetics described above, as well as a preparation for lightening skin color, made from the vine papa. Some tattooing may have been performed on girls of higher rank at this time. When the appropriate time arrived, the girls would be taken to the subtribal ceremonial center (tohua or koika) where they participated in ceremonies in which they exhibited themselves, their tattoo if any and submitted to a genital inspection. For the genital inspection they stood upon flat-topped boulders that were ranged along the sides of the rectangular ceremonial plazas. These boulders were called ke'a vehine po'otu or ke'a vehine haka (beautiful girl stone or dancing girl stone, respectively). These boulders are to be found on nearly every ceremonial plaza on Nuku Hiva. Although it is certain that they served other purposes beside genital inspection alone, this purpose seems to have loomed sufficiently large, hence the name attached.

In the genital inspection, if the labiae and mucus membrane lining of the vulva were pale and the pubic hair pliant and short, the girl was acceptable by Marquesan aesthetic standards. If, however, the labiae and membranes were of a ruddy color, then the girl was subjected to considerable derision, being insulted with the appellation of to'e, pa'a, ke hika -- "clitoris (like a) ripe anona squamosa."

/95 cont./

In the accounts of the informants, no information was given concerning the relative chronological order of this ceremony and menarche in the pubescent girls, nor was any mention made by the informants of /96/ the menarche ceremony described by Handy (1923, p. 94). It seems unlikely, therefore, that if had any direct or close relationship to puberty. The ceremony, as it is described, however, resembles Handy's descriptions of the tattooing festivals (ibid 221-222). Although these festivals were generally given in honor of males, girls participated in them, especially in the final festival in the sequence of three, normally following a tattooing. This was called ko'ika to'e haka -- clitoris dance festival -- and featured young girls dancing with their wrap-around skirts raised to expose their genitals.

A similar genital inspection or exhibition was held for young males after their circumcision had healed (Handy 1923).

Therefore, it seems probable that the ceremony report by my informants actually existed in the aboriginal past, and that the vaginal cosmetics used today are the only survivals of the extensive complex of traits involved in these puberty ceremonies. There is a possibility that the details recounted here may have been a local elaboration in the area of Nuku Hiva occupied by the Taipi tribe, but as Handy's information is mainly derived from Hiva'Oa, it is more likely that the same general ceremonies took place throughout the archipelago.

The position of the grandparent as a general mentor and especially an instructor of sexual techniques is reported by Linton for the aboriginal period, although Handy does not mention it.

Older informants claim that in the past, individuals of the grandparents' generation stood in a privileged type of rationship to grandchildren, /97/ in which much free banter was permitted, including conduct and speech that would have been judged disrespectful if it occurred between individuals having parent-child relationships. In the context of this privileged